2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10955

FILED Apr 30, 2008 Secretary of State

Entity Name: RESTORATION LIFE CHURCH & OUTREACH CENTER, INC.

Current Pri	incipal Place of Business:	New Principal Place of Business:
2302 JIM LE	·	
Current Mailing Address:		New Mailing Address:
2302 JIM LI TALLAHAS	EE RD SEE, FL 32301 US	2302 JIM LEE RD TALLAHASSEE, FL 32301 US
FEI Number: 2	26-0264924 FEI Number Applied For() FEI I	Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
JOHNSON, WILLIAM C 2302 JIM LEE RD. TALLAHASSEE, FL 32301 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.		
SIGNATUR	E:	
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete MOORE, WILLIE 8480 PANACEA LANE TALLAHASSEE, FL 32310	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D-P () Delete JOHNSON, WILLIAM C 274 HAMON AVE SANTA ROSA BEACH, FL 32459	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete LOVETT, ROSA 1401 HIGH HILL CIRCLE TALLAHASSEE, FL 32312	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D-VP () Delete JOHNSON, LINDA W 274 HAMON AVE SANTA ROSA BEACH, FL 32459	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D-SE (X) Delete JONES, DAVID 2302 JIM LEE RD TALLAHASSEE, FL 32301	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C JOHNSON D-P 04/30/2008